



IDAHO DEPARTMENT OF  
HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor  
RICHARD M. ARMSTRONG – Director

DEBBY RANSOM, R.N., R.H.I.T – Chief  
BUREAU OF FACILITY STANDARDS  
3232 Elder Street  
P.O. Box 83720  
Boise, Idaho 83720-0036  
PHONE: (208) 334-6626  
FAX: (208) 364-1888  
E-mail: [fsb@idhw.state.id.us](mailto:fsb@idhw.state.id.us)

January 19, 2007

Michelle Anderson, Administrator  
Rosetta Assisted Living - Lomax II  
1970 East 17th Street #103  
Idaho Falls, ID 83404

Dear Ms. Anderson:

On January 9, 2007, a state licensure survey was conducted at Rosetta Assisted Living - Lomax II. The facility was found to be providing a safe environment and safe, effective care to residents.

The enclosed form, stating no core issue deficiencies were cited during the survey, is for your records only and need not be returned.

Please bear in mind that non-core issue deficiencies were identified on the punch list, a copy of which was reviewed and left with you during the exit conference. The completed punch list form and accompanying proof of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by February 8, 2007.

Should you have any questions about our visit, please contact me at (208) 334-6626.

Sincerely,

A handwritten signature in black ink, appearing to read "JS" or "J. Simpson", written in a cursive style.

JAMIE SIMPSON, MBA, QMRP  
Supervisor  
Residential Care Assisted Living Program

JS/slc

Enclosure



IDAHO DEPARTMENT OF  
HEALTH & WELFARE

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March 30, 2007

Michelle Anderson, Administrator  
Rosetta Assisted Living-Lomax II  
1970 East 17th Street #103  
Idaho Falls, ID 83404

License #: RC-760

Dear Ms. Anderson:

On January 9, 2007, a state licensure survey was conducted at Rosetta Assisted Living - Lomax II. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

- Non-core issues, which are described on the Punch List, and for which you have submitted evidence of resolution.

This office is accepting your submitted evidence of resolution.

Should you have questions, please contact Karen McDannel, RN, Health Facility Surveyor, Residential Community Care Program, at (208) 334-6626.

Sincerely,

KAREN MCDANNEL, RN  
Team Leader  
Health Facility Surveyor  
Residential Community Care Program

KM/sc

c: Jamie Simpson, MBA, QMRP Supervisor, Residential Community Care Program

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>13R760</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>01/09/2007</b>
NAME OF PROVIDER OR SUPPLIER  <b>ROSETTA ASSISTED LIVING - LOMAX II</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>757 LOMAX ST IDAHO FALLS, ID 83401</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
R 000	<p>Initial Comments</p> <p>The residential care/assisted living facility was found to be in substantial compliance with the Rules for Residential Care or Assisted Living Facilities in Idaho. No core issue deficiencies were cited during the initial health survey conducted at your facility. The surveyors conducting the initial health survey were:</p> <p>Karen McDannel, RN Team Coordinator Health Facility Surveyor</p> <p>Donna Henscheid, LSW Health Facility Surveyor</p> <p>Polly Watt-Geier, MSW Health Facility Surveyor</p>	R 000			

Bureau of Facility Standards

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

GXFV11

If continuation sheet 1 of 1



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BUREAU OF FACILITY STANDARDS  
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ASSISTED LIVING  
Non-Core Issues  
Punch List

Facility Name <b>Rosetta AL Lomax II</b>	Physical Address <b>757 Lomax</b>	Phone Number <b>524-6320</b>
Administrator <b>Michelle Anderson</b>	City <b>Idaho Falls</b>	ZIP Code <b>83404</b>
Survey Team Leader <b>Karen McDannel</b>	Survey Type <b>Initial Survey</b>	Survey Date <b>1-9-07</b>

NON-CORE ISSUES

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED	BFS USE
* 225.02	16.03.22	The facility did not develop a behavior management plan that included SP interventions for specific behavior symptom for Resident #3.	2/1/07	KN
* 250.14		The facility did not ensure the exterior secured environment was maintained. ie: On 1-9-07 @ 9:00 on the initial tour the gate was found to be unlocked & opened. At 4:00 PM. observations was made of the gate unlocked.	2/07	KN
* 405.05.b		The facility did not ensure sidewalks are maintained and free of snow & ice buildup.	RECEIVED FEB - 5 2007	3/2/07 DN
* 260.01b		The facility did not maintain the interior in a clean safe & orderly manner. ie: Living room carpet observed with multiple stains.	FACILITY STANDARDS	3/2/07 DN
* 405.01		Outlet cover in room 10 was observed missing.		3/2/07 DN
* 450.00		The facility did not ensure meat loaf was		3/2/07 DN
Response Required Date		Signature of Facility Representative	Date Signed	
2-9-07		Michelle Anderson	1-9-07	



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## ASSISTED LIVING

### Non-Core Issues

### Punch List

Facility Name Rosetta AL Lomax II	Physical Address 757 Lomax	Phone Number 524-6320
Administrator Michelle Anderson	City Idaho Falls	ZIP Code 83404
Survey Team Leader Karen McDannel	Survey Type Initial Survey	Survey Date 1/9/07

## NON-CORE ISSUES

[illegible]

Response Required Date	Signature of Facility Representative	Date Signed
2-9-07	Michelle Anderson	1-9-07